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Volume XVII.

OCTOBER, 1895.

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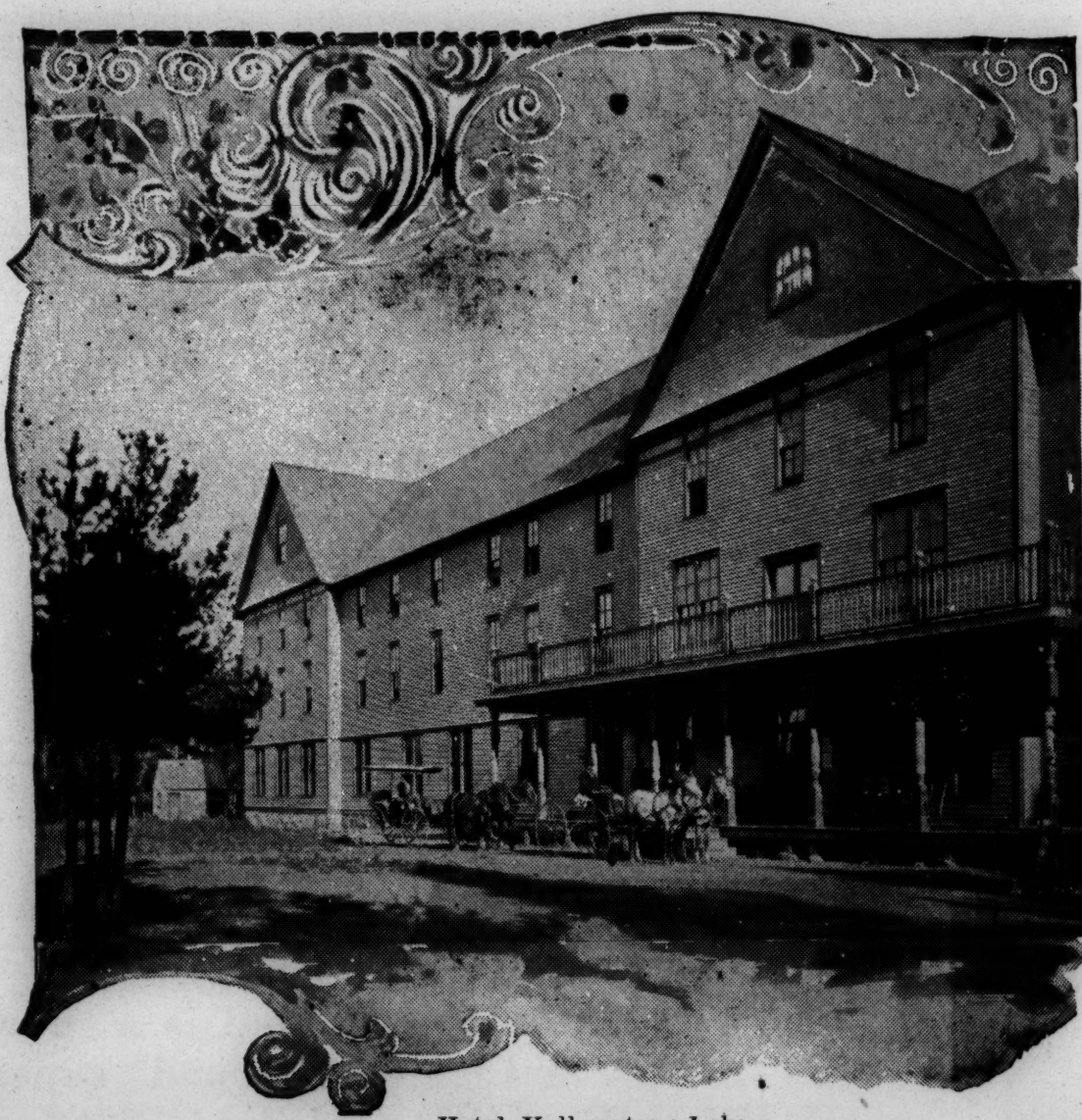
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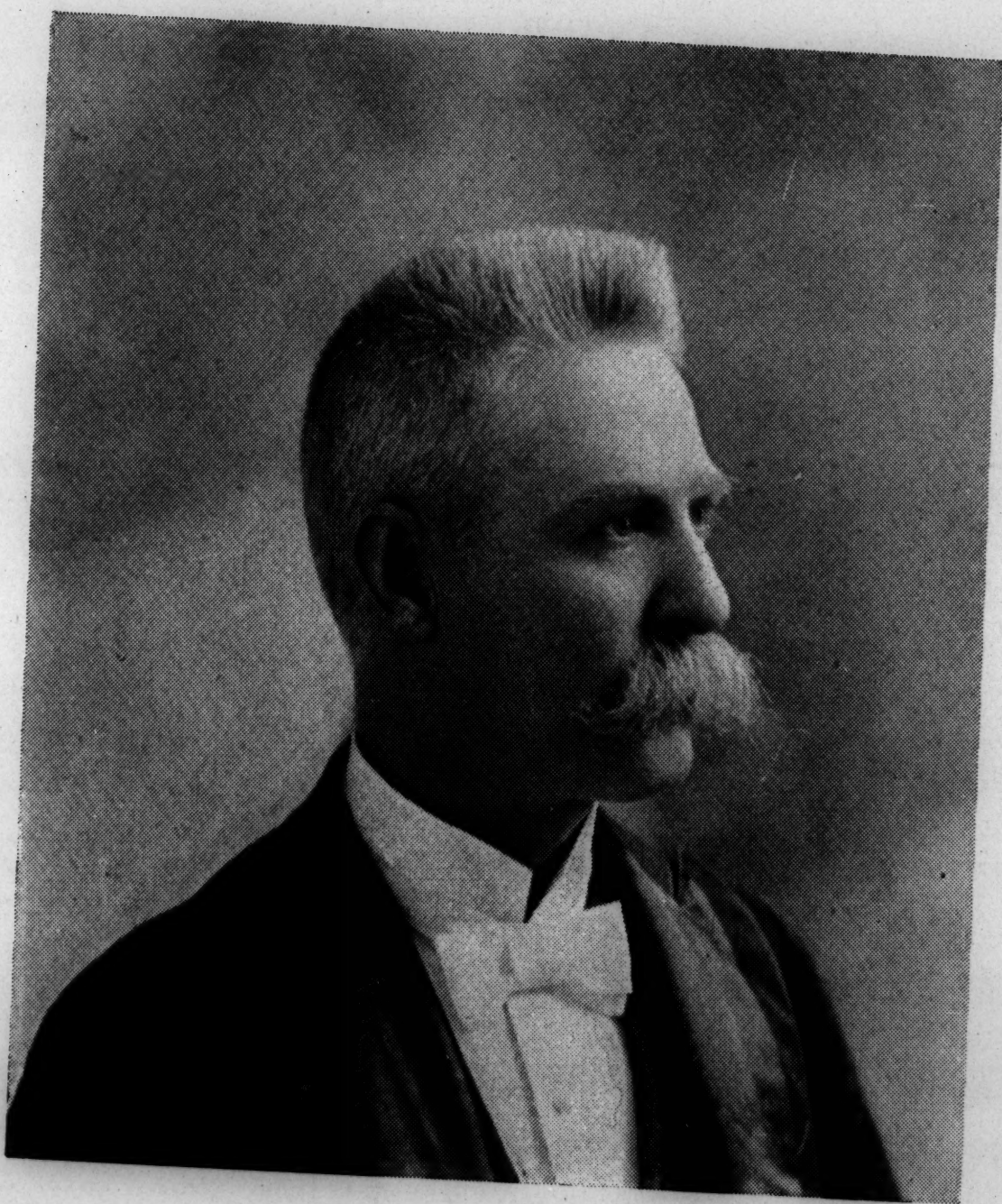
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Original Articles.

GALOPRACTIC SURGERY. (No. 16.)

(Gr. *kalos*, beautiful, and *prassen*, to make.)

Lectures by PROF. GERE, California Medical College
Intermediate Course, '94.

The common feminine habit of wearing heavy clothing suspended from the waist also drags down the abdominal contents and produces injurious pressure upon them, sometimes actual dislocation, thus assisting in the production of constipation, hæmorrhoids and uterine diseases.

It is true that reforms have been instituted whereby the number and weight of skirts have been reduced, the material improved and the weight suspended from the shoulders instead of the waist, but they make slow headway against the prevalent vicious fashions. It is claimed by some that the hips offer a basis of support for the weight of skirts which can, and should be utilized, in fact is—through the medium of the corset. There are several objections to this claim, one of which is that a woman must be exceedingly thin and bony in order that a band will not work down enough to pinch.

It is true the corset is not exactly a band neither is it worn loose enough to permit of slipping down, but as it is worn tightest at the upper part of the abdomen, far above the level of

the umbilicus in the region of the floating ribs, the weight drags chiefly upon the abdomen, sides and back instead of the hips. A corset to fit the hips has been suggested but, in view of the fact that the lower abdomen projects forward beyond the plane of the hips, the abdominal contents must receive injurious pressure unless protected by an inflexible framework which would be awkward and restrictive of free movement. The shoulders on the other hand are fitted by nature for carrying weights, and offer acceptable points of support for the clothing which, I repeat, should not by any means be so heavy as is now the custom.

If the lower limbs be suitably clothed in light, warm material all excuse for the numerous heavy skirts now worn is banished, but in truth most of the clothing is worn for appearance sake, and not for comfort at the present day. A common objection to suspending the skirts and other clothing from the shoulders is that shoulder straps make injurious pressure upon the breasts. It is true that straps may do this but it is not at all necessary that they should as there are plenty of devices whereby the breasts may be avoided by the bands. A well fitting waist or under vest to which the lower garments are attached or a single garment in which vest and trousers are combined, obviates all reasonable

objections to suspending the garments from the shoulders.

Turning to the male sex, listen to the following words from *Good Health*. "The custom of wearing the pantaloons buttoned tightly at the top, and sustained by the hips, produces so much disease even among the hardy soldiers of the Russian army that a law has been enacted making the wearing of suspenders compulsory. If strong men suffer thus, how much greater must be the injury to frail, delicate woman? The constant pressure and unnatural heat to which the lower part of the back is subjected, is one of the chief causes of the frequency of kidney diseases.—Here is found the source of weak backs, lumbago, pain in the side and several other diseases of the trunk which affects so many thousands of America."

We are seldom called upon to fill out a thin abdomen, as when this fault is present emaciation is general and our attention will first be directed to some other region. Returning flesh or beginning fatty deposit, on the other hand, shows first in abdominal increase. For a relaxed and pendulous abdomen cold sponging, rubbing and Faradism may be used, and the flabby muscles must be strengthened and contracted by suitable exercise. Lying on the back and drawing up the lower limbs to or beyond the perpendicular, often repeated, will do to begin with, then the lower limbs should be kept straight and horizontal while the body is erected to a sitting posture without assistance from the hands. Forcible expiration should be practiced and bending forward, backward and sidewise; later on swinging by the hands, rowing, boxing, running,

jumping and bicycling will be valuable and effective. An excessive "corporosity" may be reduced by these and other exercises, combined perhaps with treatment for general obesity as heretofore indicated. Occasionally we find an immense deposit of fat in the abdominal walls without any excessive amount elsewhere; these are cases of *diffuse lipoma*,—a kind of fatty tumor—which if electricity and medical treatment fail, may be removed in sections by the surgeon through long incisions in the skin. The tissue when thus removed is not likely to be reproduced.

The hips and pelvic region, being dependent for their shape chiefly on the conformation of unyielding bones, can be but little influenced after maturity, and there is seldom any indication for interference in childhood except in case of serious disease, the treatment of which is referred to the department of general surgery.

A well padded gluteal region is essential to comfort in a sitting posture, and a moderate curve here belongs to a graceful outline, but feminine fashion sometimes demands an exaggerated "hump" which is anything but beautiful or useful. The tribes of interior Africa have long maintained similar predilections and as a consequence their women have acquired an immense development in this region—the one having the greatest backward protuberance combined with independent muscular action being the acknowledged queen of beauty, but it is probable that they will soon become more enlightened and abandon their barbaric absurdities. I have indicated heretofore how a proper carriage of the head, shoulders and spinal column

will produce a backward projection below sufficient to satisfy the lines of beauty without any necessity for the use of a "bustle."

The genital region being universally concealed by civilized people, will not require our attention in a cosmetic sense. If any deformity exist however which might offer an impediment to matrimonial happiness, it should by all means be submitted to the advice and perhaps treatment of a skillful surgeon.

SOME DESERT PLANTS.

J. A. MUNK, M. D., Los Angeles, Cal.

Much of the vegetation that is indigenous to the Southwest is unique and in the aggregate, can be seen at its best in the Gila Valley of southern Arizona. The locality designated is in the arid belt, and is exceptionally hot and dry. Under such conditions it is only natural to infer that all plant life must necessarily be scant and stunted in growth; but such is not the fact. On the contrary plants that are native to the soil and adapted to the climate thrive luxuriantly, are remarkably succulent and perennally green. How they acquire so much sap amidst the surrounding scarcity is inexplicable, unless it be that they possess the function of condensing or absorbing moisture in an unusual degree. It is, however, a wise provision of nature to guard against famine in a droughty land, by furnishing in an acceptable form, refreshing juice and nutritious pulp to supply the pressing wants of hungry and thirsty man and beast in time of need.

Another peculiarity of these plants is that they are acanthaceous—covered with thorns and prickles. Spikes of all sorts and sizes bristle everywhere and silently admonish the uninitiated tenderfoot to beware. Guarded by an impenetrable armor they defy encroachment, and successfully repel all undue familiarity. To be impaled on some of these daggers would not only mean painful but serious injury. But however formidable and forbidding their appearance, they are nevertheless attractive, and possess some value, either medicinal, commercial or ornamental.

The Maguey (*Agave Americana*) is the most abundant and widely distributed of the native plants. It is commonly known as mescal, but is sometimes called the Century plant from the mistaken notion that it blossoms only once in a hundred years. Its average life under normal conditions is about ten years and it dies immediately after blossoming.

It attains its greatest size in the interior of Mexico where it is extensively cultivated. It yields a large amount of sap which by a process of fermentation is converted into a liquor called pulque that tastes best while new, and is consumed in large quantities by the populace. Pulque trains are run daily from the mescal plantations, into the cities to supply the bibulous inhabitants with their customary beverage. In strength and effect it resembles beer, and is the popular drink with all classes throughout Mexico, where it has been in vogue for centuries, and is esteemed as "the only drink fit for thirsty angels and men."

The Agave has many uses and under the old dispensation of Indian suprem-

acy furnished the natives with their principal subsistence. Its juice is variously prepared and is served as milk, honey, vinegar, beer and brandy. From its tough fiber is made shoes, clothes, rope, thread and paper. The strong flower stalk is used in building houses and the leaves for covering them.

The root is rich in nutriment and resembles baked pumpkin when roasted. It is greatly prized by the Apaches who use it extensively for food, and usually constitutes the bulk of their commissary when out on the warpath. A mescal bake is an important event with the Apache tribes as it is an occasion for the gathering of the clans, and a time of much feasting and festivity. Old abandoned mescal pits are numerous in some secluded corners of the Apache country that were once the scenes of noisy activity but are at present forsaken and silent.

The fiery mescal, a distilled liquor that is known to the trade as aguardiente or Mexican brandy, is much stronger than pulque and fortunately, also less used. Both liquors are reputed to be medicinal and possess stimulant and tonic properties.

A rare variety of the plant called "Button Mescal" is found in the Rio Grande valley which is a powerful narcotic, and is now being investigated by the agricultural department at Washington, D. C.

Next to the mescal in abundance is the Yucca, of which there are several varieties. The palm yucca (*yucca angustifolia*) is the most common, and under favorable conditions attains the proportions of a good sized tree.

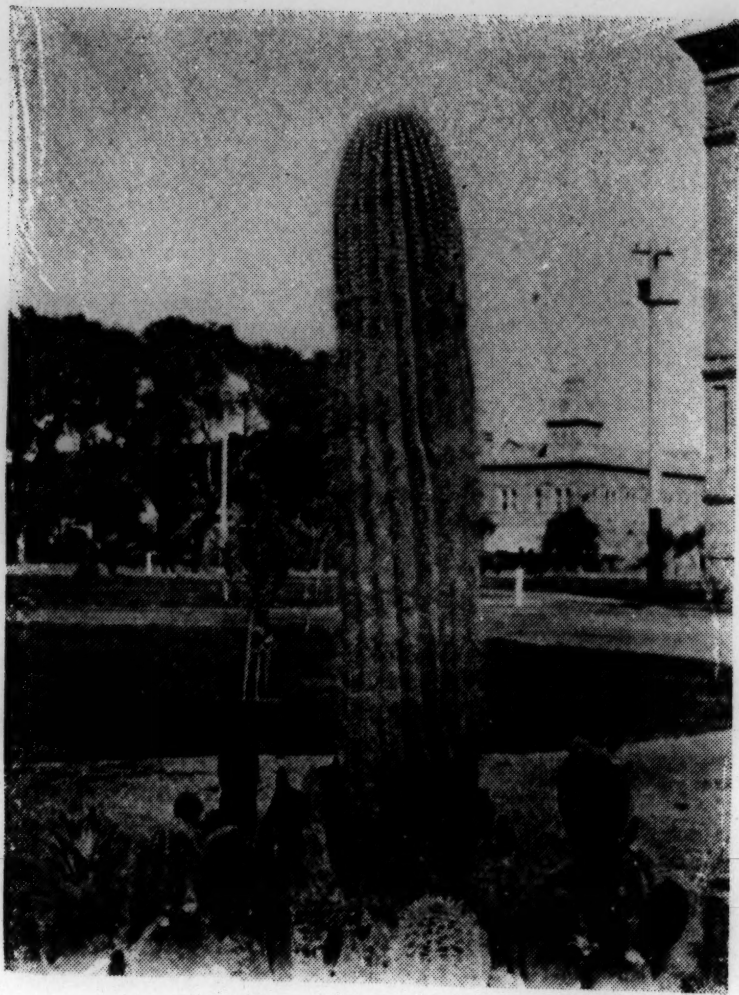
The finest specimens grow on the

Triojave desert in California where they are sufficiently large and numerous to form a straggling forests. The stem consists of a light, spongy wood that either grows single or divides into two or more branches. Each branch is crowned by a tuft of long slender leaves that grow in concentric circles and diverge in all directions from a common center.

If viewed from a distance or seen in the magical light of an Arizona sky the yucca presents a fantastic appearance, and might easily be mistaken for the plumed topknot of some prowling Apache. As the new leaves grow out at the top they crowd the old leaves down until their free ends complete a semicircle like a fully expanded fan. The dead leaves hang in successive layers and gracefully drape the stem with an artistically flounced skirt. When dry they readily ignite, and are sometimes used for light and heat by lost and belated travelers. They furnish a valuable fiber that makes a superior paper. White threads are detached from their margins, which become interlaced and form a fluffy fleece in which the birds love to nest.

The Yucca Manufacturing Co. of this city makes a variety of useful articles from the yucca tree. The wood is cut into thin sheets by machinery and is used for surgeons' splints, hygienic in-soles, tree protectors etc. It makes an admirable splint that is both light and strong, and can be molded into any shape desired by immersing it in hot water.

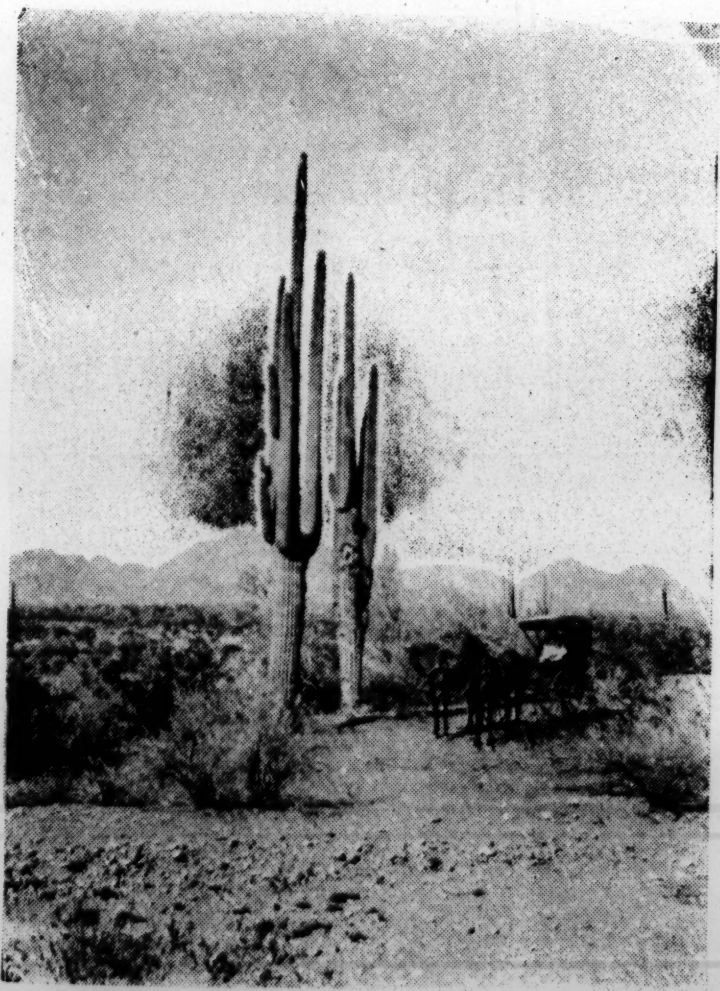
Another variety of yucca is the Amole or soap plant (*yucca baccata*). Owing to the shape of its leaves it is



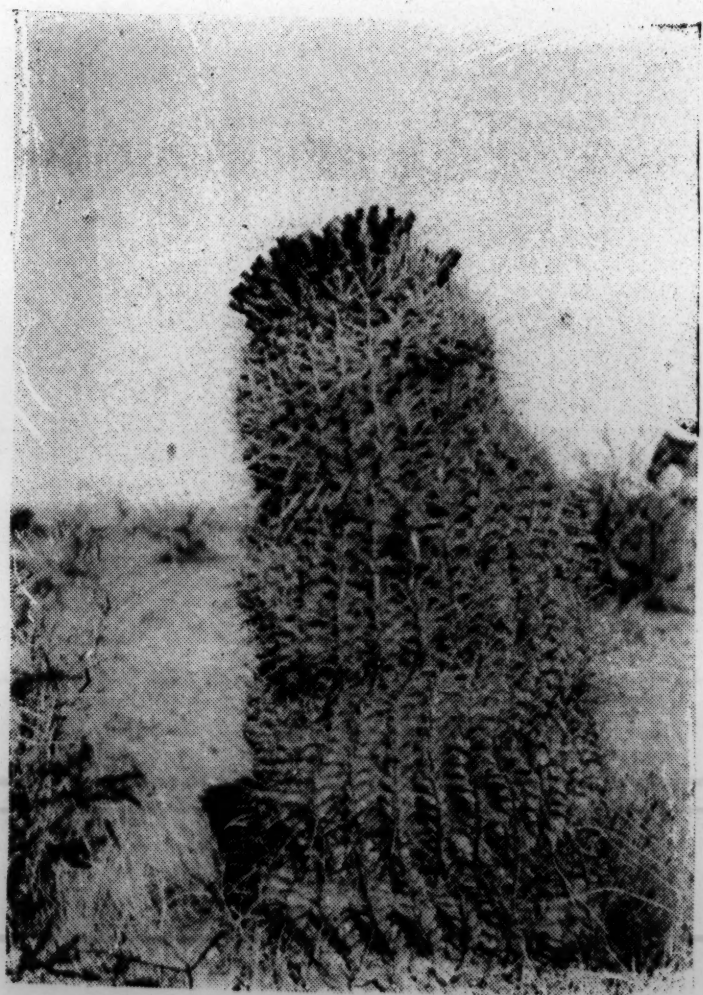
Cereus Gigantea.



Yucca Augustifolia.

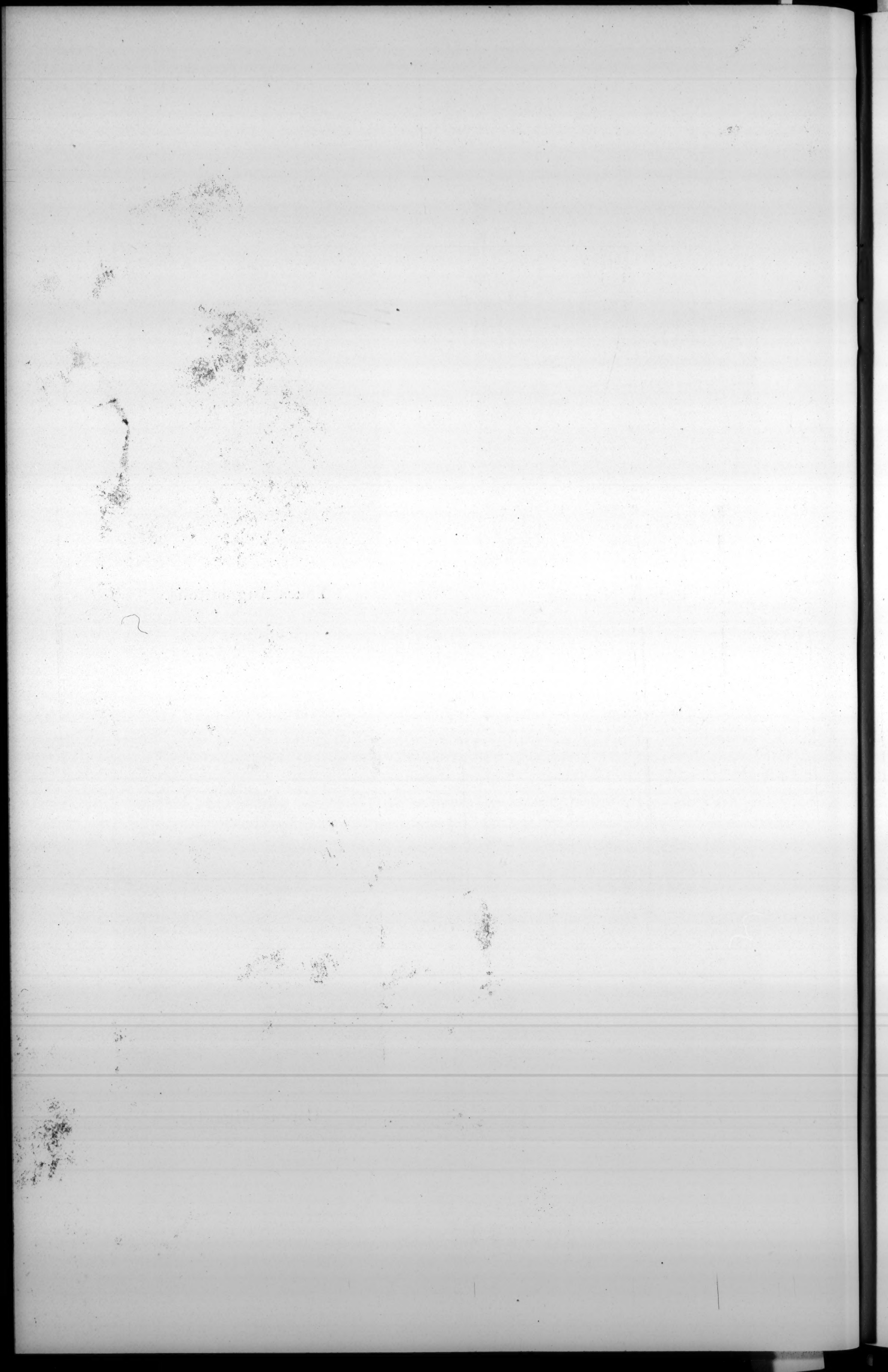


Echinocactus.



Cereus Gigantea.





sometimes called the Spanish bayonet. Its large fleshy root is strongly saponaceous and is used by the natives instead of soap. It bears a large bunch of cream colored flowers, and matures an edible fruit that in taste and appearance resembles the banana. The Indians call it *oosa* and eat it both raw, or baked in hot ashes.

There are several other varieties of yucca all of which are handsome bloomers, and their masses of white flowers seen in the season of efflorescence, are an attractive feature of the landscape.

The prickly pear, Cactus, or Indian fig, (*Opuntia*) is a numerous family. The soil and climate of the Southwest from the Gulf of Mexico to the Pacific Coast, seem to be just to its liking. It grows rank and in places forms dense thickets. The root is a tough hard wood from which it is said the best Mexican saddle trees are made. The plant is an aggregation of large thick oval leaves that are dotted with bundles of sharp needles. It is nutritious, and when ground to a pulp and mixed with cotton-seed meal is valuable for fattening cattle. When roasted it forms a useful poultice.

Its fruit is tart and not unpleasant to the taste. Care must be taken however to brush off its microscopic prickles before partaking, or the repast will not be enjoyable. A refreshing drink called colinche is made from the juice that has a deep red color and is sharp but agreeable to the taste.

Ordinarily these desert plants are unsuitable as forage for range stock, either horses or cattle, because of their thorny character; but during seasons

of drought when the grass and browse are short, cattle will risk being pricked by the thorns in order to get something to eat, and will chew mescal, yucca and cactus, and find considerable sustenance, enough, at least to keep them from starving. These plants are not nearly as abundant as they were a few years ago, owing to the severe droughts of recent years and the overstocking of the range, and there is danger of their becoming extinct.

The Saguaro or Giant Cactus (*cereus giganteus*) is one of nature's rare and curious productions. It is a large round fluted body, one foot or more in thickness and from ten to sixty feet high. The trunk is of nearly even diameter from top to bottom, but is a trifle thickest in the middle. It is usually a single perpendicular column, but sometimes bears several branches which start at rightangles but bend upward in regular curves paralleling the trunk, that gives it the appearance of a mammoth candelabrum. Because of its immense size, shape and flutings it strikingly resembles a Corinthian column. As every thing in art attempts to imitate something in nature, is it possible that Grecian architecture borrowed its pattern from the Gila valley, which is the natural and only habitat of this singular plant and, perhaps the only thing growing that could have suggested the design. It is a conspicuous object on the landscape, and has been well named the "Sentinel of the Desert".

Its large body is supported by a skeleton of wooden ribs which are held in position by a fibrous network that is filled with a green pulp. Rows



of thorns ornament its flutings. They burn readily, and are used by the Apaches for making their signal fires. Some cactus trees are full of round holes that are made by birds, and are reminders of old dead trees in some eastern forest on which the industrious woodpecker has done its work. When it dies the pulp dries up and blows away and leaves standing a spectral white frame that looks ghostly in the distance. The fruit is delicious and is in great demand by the Indians who gather and use it in quantities. It is dislodged by the greedy birds who feed upon it, and by arrows shot from bows, or by poles in the hands of Indians. The natives regard it as a great delicacy and eat it both fresh and dried, or in the form of a thick treacle or preserve.

The Ocatillo, or Mountain Cactus (*fuguiora splendens*), is a handsome shrub — at a distance, but is not desirable for handling. It consists of a number of nearly straight sticks of brittle wood, covered with a gray resinous bark and innumerable spines. It makes both an ornamental hedge and effective fence for which purpose it is often used. The exceedingly dry sticks are thrust into still drier ground where, without a bit of moisture, they take root and grow.

The Bisuaga, Barrel Cactus or Well of the Desert, (*echinocactus*), as it is variously called, is a large cactus like the Saguara or Pitahaya but never grows over ten feet high. It is also called torch thistle from the supposed resemblance of its crown of bright flowers to a flame; and fish-hook cactus, on account of the shape of its thorns which look like fish-hooks and are us-

ed for angling by the Indians. It is full of sap and in the emergency of a water famine its tap is cut off and a hollow scooped out of its center into which the juice flows in sufficient quantities to quench thirst and satisfy the cravings of nature. Undoubtedly many lives have been saved on the desert by this peculiar method of well digging.

The romantic Mistletoe, (*viscum album*), which is renowned for its magic influence in love affairs grows here to perfection. There are several varieties of this parasitic plant that are very unlike in appearance, each kind partaking somewhat of the characteristics of the tree upon which it grows, but all having the glossy leaf and waxen berry.

The foregoing are but a few of the strange plants that grow on the desert. The Cholla, and other varieties of cacti, grease wood, palo verde, mesquit, and many other plants are equally interesting for inspection and study. If they could be successfully transplanted they would make desirable additions to greenhouse collections in higher latitudes.

A CHAT WITH THE DOCTOR.

H. Michener, M. D., Halsey, Oregon.

When I first began the practice of medicine I knew more than I do now although I learn something every day or two. That may sound paradoxical but it is nevertheless true. I have noticed the same peculiarity in others also. They never know again as much as they did at graduation or thereabouts. They get rid of a great deal of knowledge of a superfluous kind thereafter. The amount of knowledge

that I have shed would stock up several academies with a rich and varied assortment

I don't know if it be a painful thing to a snake to shed its skin or not but I can affirm that shedding one's knowledge is. He doesn't rub it off himself or shed it in an impalpable powder but gets it knocked off in large flakes and chunks. It hurts, too. I have undergone lots of involuntary suffering in the process.

When I began practising in partnership with my former preceptor I could not help complimenting him for his superior judgment in obtaining a partner of such excellent parts as myself, and I had a feeling of pity for him that after he had grown gray in the practice of medicine that he should know as little about it as he did. He was a very taciturn man and I never knew just what he thought about it, and after awhile I didn't care to hear him express himself on the subject. I was afraid it might be painful to one of us. I am noted for my tenderheartedness and dislike to be the cause of suffering.

I noticed that while the people listened to me with great deference, when they couldn't escape, and appeared astounded at the extent of my erudition, yet when any of them took sick that they seemed to prefer the "old doctor" with his infusions and decoctions, as it was explained to me, not that they loved me less and him more, but that if they should be so sick as to die that it would not hurt his reputation like it would mine if they had happened to have employed me. To them this may have sounded like "kindness" but to me it sounded more like "sarcasm."

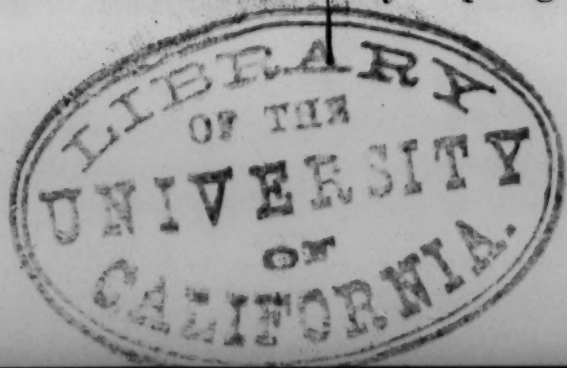
But I was learning a great deal while I was with him and was dispensing with a vast amount of superfluous knowledge through the shedding process.

One of my first cases was one with a desperate attack of "stomach trouble" complicated with heart disease. She couldn't retain anything on her stomach, and it bloated badly, and her heart palpitated fearfully. Here was a chance for me to make a record. I did. I labored heroically but without avail. I finally assured her that medical science could do no more and that she had better prepare for an early death. But she improved somewhat and after the baby was born there was no trace of her former complaints left.

She is still living and has the same old "stomach trouble" every year nearly. I learned a lot that time.

I heard of a case of hydrophobia over in Indiana near where one of my aunts lived. As I had never seen a case of that dread disease and knowing that my revered aunt would be overjoyed to see me I concluded to make her a visit and see the case if I could. I wrote to one of my cousins who made the arrangements for me to visit the patient. My cousin very kindly stated my attainments and position to the family in such a light that they felt flattered by my attention. I wish here to interject parenthetically that my cousin doesn't believe in hiding the lights of the family under a bushel and if I only possessed a meagre part of the attainments with which he credited me I would be far better known than I am.

Upon visiting the patient I left my "plug hat," gloves, and cane in



the hall and was ushered into the patient's room where his father and brother did guard duty. I disported myself with great dignity and was pleased to observe that I was making a decided impression upon the family. The patient was a sturdy German lad of some ten years and apparently quite bright. I was given a history of the case, how he was bitten through the thumb by a mad cat, how he was seized with the fits, how he would lap milk, how he would play with a ball like a cat would with a mouse, how he would catch a chicken and devour it, and many other wonderful and startling tales were regaled to me. I listened gravely and looked wisely. At least I thought I did. I was pleased to observe that the boy was threatened with a seizure. In a few minutes the attack came. He threw himself back opisthotonically, then he sprang on all fours, his head drawn back, his eyes rolling, his teeth gnashing and his mouth foaming while his fingers were clutched like claws. Indeed he looked quite frightful. His parents secured the doors and I was left with the patient ready for a critical examination. I started over to where the patient was, my movement caught the patient's attention and he started for me spitting and clawing. I at once saw that I had made a grievous mistake in leaving my gloves in the hall and I immediately started after them but the doors were securely fastened from the outside. I then thought of the windows but they were nailed down. I then cast aside my dignity and engaged in a hurdle race around and around the room, with the patient a close second clearing bed, chairs and stove

without tripping or touching. It was a wonderful display of agility on my part and, as they say down in Arkansas, "I did myself proud." But at last I had to stand and fight him off. This I did with only getting my hand into his mouth once but without mishap. Suddenly the convulsion passed off and I took a deep breath and with a thankful feeling toward my maker for my narrow escape I prepared to withdraw but before I could accomplish my design my cousin shouted, "Look out! he's coming," and the mad race began again. I thought of my best girl, and the loss the world would sustain if I were suddenly to close my career by death. This nerved me to put forth my best endeavors and I outwinded the boy this time. But before I could withdraw the third convulsion seized him and I was again in for it. This time he seemed determined to get at my face with both teeth and nails. Now if there is any one thing that I am proud of it is my face with its expansive, patrician nose of the Old Roman type, and classical mouth noted for the richness of its breadth and depth. I saved my face with but few scratches and when the convulsions left the boy I decided to draw my investigations to a close, and myself from the room. I did so with celerity and dispatch. I am always prompt in carrying out my decisions. I did not wait to give diagnosis nor prognosis. I just withdrew. That night I locked the bedroom door and looked in the closet and under the bed and then laid awake the whole night congratulating myself that I was still alive.

I never knew just what the patient's

family thought of me and I don't particularly care to know now. My cousin told me that he thought my withdrawal from the case was not very dignified, but that was only his opinion. I am not now making hydrophobia a specialty. No thank you. Was I scared? What do you think? I know.

I have read somewhere a quotation something like this. Seest thou a man wise in his own conceit? There is more hope of a fool than of him. That hydrophobia case was a conceit extractor of samsonian strength. I learned a great deal from that case but it was not about the patient.

One day as I sat in our office wondering why the afflicted would not come up to be healed while the opportunity was held out to them, a messenger came hurriedly riding up and requested me to go to Mr. B——. as quick as I could. I went. I went hurriedly. Mr. B——. met me at the door and stated that his wife was very sick, he showed me into her room and introduced me. She evidently was not as glad to see me as I had hoped or expected. She seized a broom and took her husband a rap over the head therewith, and picking up a pair of scissors expressed a desire to cut my heart out. From my knowledge of anatomy and surgery I knew that this was a delicate and painful operation, and not knowing any good or sufficient reason for having such a formidable operation performed upon me, particularly by an insane person, I felt it my duty to decline to submit. It was my inclination also. More over I had no heart about me at that time that I felt that I could

spare, so I withdrew and stood not on the order of withdrawing. From the outside of the house I advised the husband to send for some doctor who would not object to being dissected if his wife still insisted in her desire to study anatomy. He did so and thus I am spared to continue my usefulness in my chosen career. I know more about insanity now than I did then but I was learning all the time. I may tell you a few more of my experiences some time, but not now. Come in again.

PHLEGMONS, ETIOLOGY & TREATMENT.

Read before the Alameda Co. Eclectic Medical Society, by O. L. Jones, M. D., Oakland, Cal.

In this paper I will confine my attention to the etiology and treatment of that common affection called a furuncle or boil: and its intimate relative carbuncle, or Anthrax Benigna.

It is not necessary for me to give a description or enter into the symptomatology of "Job's Comforters", for no doubt many present have had a personal experience with them. Coming as they often do in successive crops, the patient's days are not always filled with joy, nor his nights with pleasure.

Boils occur either singly or in groups, or a succession of crops, in the last case constituting the condition known as furunculosis. The most frequent site of such crops is the neck, the back, the thighs and nates, though they may occur indiscriminately over the whole integument. The face and the hands and feet are rarely affected. The patient often asks: "Why do boils

come in such inconvenient places?" and if he be profane, his collar will be thoroughly "cussed" until finally he is compelled to go without one; while if the location be hidden by his nether garments, he will think men's pants altogether too tight and coarse, and look with envious eyes at the "New Woman" as she skims by on her "bike", her soft baggy bloomers inflated like a balloon shaking in the breeze.

Definition :—A boil is an acute circumscribed inflammation of a hair follicle, sebaceous gland and the neighboring connective tissue, terminating in suppuration and necrosis of the central portion of the affected region.

Discussion :—That boils and carbuncles are due to suppurative bacteria, *Staphylococcus Pyogenes Aureus*, there can at present be hardly a question, and that they are not due to one and the same microbe, no bacteriologist seems willing to deny. It is true that different symptoms are manifested in different patients, but that may be due to some local or general condition in our patients, or the microbe under certain different conditions may possess a different degree of virulence. Up to the present date bacteriologists are not able to take pus from these foci of suppurations and isolate different microbes for each disease. Microorganisms occur abundantly in the tissues of a carbuncle. They are the same as those found in furuncles. There is abundant proof that pus from a carbuncle inoculated on the skin of another person will cause a furuncle, while it is also possible to produce a carbuncle from the pus of a furuncle. Why the same germs inoculated the

same way (through a hair follicle) should produce now a carbuncle, now a furuncle, investigation does not disclose. Riedel (1881) believes that a carbuncle develops always out of a furuncle, situated deeply and covered by dense epidermies, so that the surface does not lie in the direction of the least resistance, the process naturally extending therefore laterally and downward.

The pathological process consists in an acute inflammation of the tissues surrounding a hair follicle and due, as stated before, to infection by way of the hair follicle with pyogenic organisms, generally the *staphylococcus pyogenes aureus*.

This germ can invariably be isolated, generally in pure culture from the pus, drawn by a sterile hypodermic needle before the rupture of the skin. And if this pus culture be inoculated on the unbroken skin, or by careful friction with a sterilized spatula, so as not to rupture the horny layer of the skin, it will produce a boil. Inasmuch as pus producing properties are not limited to *staphylococcus pyogenes aureus*, it is not impossible that other germs produce boils as well. Pyogenic organisms are always on the skin, and boils occur most frequently in those regions of the skin in which inoculation by friction with the clothing are most favorable.

The old idea of "impure" blood or too rich a diet need not be discussed here; also, that certain diseases, such as malaria, diabetes, Bright's disease, etc., produce these plegmons, has been overthrown by the acceptance of the microbic theory of disease. These diseases may favor their production

by lowering the vitality and normal resistance.

Etiology.—1st. Certain conditions favor the probability of infection. It may be the skin itself or the occupation and habits of the patient. Certain occupations have much to do with the origin, for contact with substances prone to decomposition make the greater risk of becoming infected with germs which are abundant in such substances. Butchers, sausage-makers, tanners, cooks, rag-dealers, surgeons, scavengers are especially liable.

2nd. Fear of water has much to do with the etiology—"water, hot or cold, with soap on the side," should be the order of many of this class of patients. The ancient and decomposing secretions and accumulations may not be allowed to remain in the skin as a nidus for innumerable germs, which readily find their way into the hair follicles and set up a furuncle.

The finger-nail often furnishes the soil in which grow innumerable germs. No wonder, then, that boils often occur in all pruritic conditions of the skin, viz.: pediculosis, scabies, eczema, etc.

3rd. Germs do not flourish equally well in all soils. In certain conditions the pabulum may be favorable to their growth and multiplication and consequent virulence. Such diseases as affect the general nutrition—as diabetes, tuberculosis, disordered menstruation, digestive disturbances, gout, Bright's disease, anaemia, etc.—favor the development of isolated or multiple furuncles. These pathological conditions affect the blood and the tissue juices, and consequently the germs find the necessary pabulum favorable for their growth. The

corpuscles seem wanting in numbers and strength to resist the invading army of germs, and they become thoroughly entrenched in the hair follicle.

4th. Plasters, salves, vesicants, cold water compresses, fat pork, tobacco quids, bread and milk, cow dung and endless other applications of "home remedies" favor the development of boils, as they make the hair follicle patulous and germs are driven in with salve by friction. Poultices as they are usually made by the laity, are abominable, evil, stale and sour smelling. They are certainly the invention of the devil.

The old treatment of poultice accomplishes about as much as a porous plaster stuck on the front door of a house to "draw" out the people therein. When a patient is told to put on a poultice he has a very vague idea of what is meant. He knows still less about making it, and after it is made it will be used until it ferments, and beneath it, over one boil or carbuncle, moisture and filth generates and develops enough micro-organisms to infect the universe. Heat, cold moisture when properly applied are good things, but antiseptic precautions are necessary. Antiseptic cotton or gauze, wet with a strong carbolized solution, applied in a thick pad, covered with rubber tissue, can always be had, and you may be sure that if it does not perfect a cure it does not develop germs to cause the formation of other boils.

5th. Hygienic conditions and the sanitary surroundings have to be considered in the etiology. In damp, ill ventilated tenement houses, where

filth and poverty reigns, or in barracks, asylums, jails, where many individuals are crowded together, boils may occur like an epidemic. In spring they are of more common occurrence, owing to the change from cold to warmer weather. There is more perspiration, hence more morbid material accumulates and the heat favors decomposition, hence better soil for the growth of bacteria.

Age can also be considered. They are more frequent in infancy and at puberty than at other periods—especially the state known as furunculosis. While solitary boils occur at all ages, but less frequently in infancy and old age.

So much for the etiology of furuncle, and, because of the intimate relation existing between carbuncle and furuncle, what has already been noted under the etiology of boils applies to carbuncles, except that carbuncles occur rarely in infancy and childhood, seldom in young adult life, but most frequently after the fortieth year. Both sexes are equally subject to carbuncles, which is in contra-distinction to my observation in furuncle. Of course, there is quite a difference in the symptomology, anatomy and pathology—the carbuncle has a greater tendency to spread laterally and the inflammation leads to gangrene.

Further than to give the definition of carbuncle I have not time to discuss it. It is a typical, infectious, circumscribed inflammation of the lower layer of the cutis and subcutis, accompanied by a fibrous exudation, resulting in the immediate foci in necrosis, while the adjacent tissue becomes gangrenous and sloughs after decomposition.

Not wishing to exhaust patience I will skip much of the special peculiarities of carbuncle and hasten on to the treatment of both.

Treatment:— I wish to call your attention mainly to one point, and that is Preventive Treatment, and that is why I have discussed the probability of micro-organisms being responsible for the appearance of successive crops of boils, etc.

When a patient presents himself to the doctor with one boil already formed, steps should be taken to keep others from developing. If it be one on the back of the neck, the coat and vest and collar are to be removed and thoroughly disinfected, and in incising the boil and in applying the dressing, care should be taken to avoid infecting other parts. No doubt every one present has seen cases that have suffered from successive crops for months. If the first one had been properly treated such would not have occurred.

Man stands at the head in the scale of living things, and the unicellular organism known as bacteria, at the foot. Yet the relation of microbes to the "Lord of Creation" is more important and complex than those existing between other groups of living organisms.

These minute pathogenic germs have to be considered in our treatment or they "will make their presence felt" on the person of our patient. These micro-organisms play an important part in the role of nature, humble and silent though they be. Some are man's invisible friends and are of material assistance; others his secret and deadly enemies, i.e., the pathogenic micrococci. In plegmons it is with the latter

class we have to deal, and our treatment must necessarily be preventive as well as curative. The reports of a few recent cases will illustrate the etiology and treatment, and it was these cases that suggested this paper.

Case, No. 1. Some six weeks ago I was called to see a patient supposed to be suffering with inflammation of the rectum. When I arrived I found a man partially dressed, lying on a bed, the linen of which showed that soap and water were evidently scarce articles in that household. The man told me that he had "suffered agonies with his rectum, and there was a continual discharge of pus for the last day or so". On inspection I found an ischio-rectal abscess which was discharging a quantity of pus through a small opening near the anus. The rectum itself was normal. I made a deep, free incision into the fossæ, and with spoon curette broke down the loculi, irrigated the cavity with bi-chloride solution and peroxide of hydrogen, dusted the cavity freely with iodoform, and packed it full of antiseptic gauze. I left bi-chloride tablets, gave directions to have the patient's undergarments washed, to change the sheets on the bed, etc. I was unable to visit the patient for about thirty hours, but when I did I found that he had an antipathy for water, had not bathed in twenty years, according to his statement and refused to allow them to sponge him even with the antiseptic solution. "Felt comfortable enough" the same pair of drawers was on him which had been so badly stained by the previous discharge of pus. On inspection the abscess was doing well, but on the opposite buttock and about

the anus were numbers of boils, and one had the induration and feel of a carbuncle. The latter I incised after cocainizing and with a probe wrapped with cotton wet with carbolic acid, I inserted the probe with sufficient force until carbolic acid was thoroughly diffused and had burned out the gray tissue. The boils I injected with from two to six minims of carbolic acid according to their size.

This case illustrates how filth will cause furuncles, especially pus that contains the pathogenic germs. In treating such cases if I fear suppuration has already commenced, I invariably make an opening. If the case is seen early and the inflammation be diffused multiple injections should be practised carrying the syringe deeply into the induration. Of course the surface can be painted with iodine, or application of carbolic lotions containing the various arterial sedatives which I need not enumerate.

Such a treatment might be thought painful, but it is not, and has proven very efficacious.

Case No. 2. A Jewess, one of the "Rags, Sacks and Bottles," class came into my office with her arm in a sling, said, she was suffering with a boil under her arm, and although "her druggist had treated her carefully, had picked it the day before" and it was discharging a little", yet she suffered so much from pain and loss of sleep that she thought she would seek a doctor for relief. On inspection I found a large abscess in the axillary space. I made a large opening and pressed out fully a pint of pus. I thoroughly washed out the cavity with Marchand's peroxide then irrigated



with a bichloride solution, then mopped out the cavity with cotton wet with carbolic acid, and after dusting in iodoform, packed it with antiseptic gauze. I gave her directions how to dress it, she also was given supportive tonics. As her history for that week showed plainly symptoms of pyæmia, i. e. the initial chill followed by the intermittent fever, and gave a history of repeated chills on the succeeding days, tongue coated and furred, pulse rapid, skin of muddy yellowish hue, etc., and fearing metastatic abscess might develop, I told her to be sure and visit me if she noticed anything like localized inflammation, or if the lymphatic gland became swollen.

Three or four days after, she called, saying, that another swelling was coming about two inches from where the old one had been. In this case the induration was extensive. As I could not detect fluctuation I practised multiple injection of carbolic acid. I saw the patient again in eight hours. The pain had subsided and there was but little trace of inflammation, and soon thereafter the patient reported herself as well.

Some two weeks later the same patient called. This time for a swelling between the breasts. The first thing I noticed was that she wore the same pus stained undershirt that I had torn one sleeve off on the occasion of her first visit to the office, also that my instructions as to baths had not been carried out. I found a tumor about the size of a silver dollar, well raised above the surface of the surrounding skin, very hard to the touch but no evidence of containing pus. In this case I did not waste time with poultice

or "plaster to draw it to a head", but made two deep incisions in shape of a cross, pushed a probe wrapped with carbolic acid into the surrounding tissue, and burned the gray base of the tumor well. In this case relief was as immediate as it was in the former instances.

The constitutional treatment in cases of carbuncles and abscess is not to be overlooked. Antipyretics for the fever but not those which depress or lower the vitality. An ice bag may be applied over the infected region.

Supportive tonics to counteract the great depression of the vital forces; alcohol can be used freely as a stimulant; a nutritive and easily digested diet advised.

In furunculosis the exhibition of sulphite of sodium internally, or sulphide of calcium, is very efficacious. The one item above all that I wish to emphasize is antiseptics and cleanliness.

THE ANTITOXIN FAD.

Ely Getthere. M. D.

Much has been, and is still being, said of what is known to the profession as antitoxin. This remedy, as all fads of a similar nature, has sprung forth from far-off Europe. It is gotten up by the disciple of a physician who, but a few years ago, made a dismal failure in discovering a positive cure for hydrophobia. Like all that class of discoveries—which are now has-beens,—antitoxin has but little virtue further than to place coin in the coffers of the fellows who spring it upon the public.

This poison, otherwise it cannot be termed, when we take into consideration its action, contained in the reports of eminent physicians of this country who have given the remedy a thorough trial, has certainly failed to relieve, or even benefit cases of diphtheria in any particular. Statistics all along the line prove that cases wherein antitoxin was exhibited, which terminated in recovery, were cases which would have been followed by a cure had they never seen antitoxin, or were not diphtheria at all. In cases where the disease was well advanced and the conditions were such that the attendants decided some heroic move should be made, antitoxin was resorted to. In all such cases the call upon the undertaker was hastened, and in every instance the suffering of the patient was markedly increased.

Physicians who laud antitoxin to the skies as a therapeutic agent, are either carried away by idiosyncracies for something foreign, "you know," or else have, in a blind endeavor for success and notoriety, robbed some of our many legitimate remedies of the glory of having effected a cure in diphtheria. That the cures resulting may have been accomplished by some one, or a combination of our old and tried medicinal agents, can certainly not be disputed, much less denied, by even the most enthusiastic supporters of antitoxin, since in not a single instance thus far reported has the investigator dared to rely wholly upon antitoxin alone.

These foreigners, failing in an ordinary way to line their depleted pockets with gold, soon hit upon some combination remedy to sell to the

liberal American at the rate of \$20 a drachm, knowing full well that we, as a people, are freely endowed with the qualities which, in the individual, go to make up that character vulgarly called a "sucker."

We can excuse an American for being the latter, but can never forgive our brethren across the water for enticing our people into buying death-dealing agents, which their anarchistic tendencies constantly induce them to manufacture.

THE NATIONAL---WHY PORTLAND WAS SELECTED.

H. E. Curry, M. D.

BAKER CITY, ORE.

DEAR EDITOR—Yours requesting my views on the National in Portland, Oregon, is received.

It is with much reluctance, I assure you, that I take any further part in that matter under the existing circumstances, any further than in the way of an explanation. When our State Medical Association selected me as its delegate to represent Oregon at the meeting of the National Association, it also instructed me to invite the National to hold its meeting next year in the far west, in Oregon. As to my personal opinion in the matter, I could only see it in that attitude which points, with the hand of wisdom, to the great good which would come to the cause of progressive medicine through a meeting of the National Eclectic Medical Association in the far west—any place on the Pacific coast.

I realized the fact that, under the present condition of things, an eclectic

physician could not afford, as a rule, to come out and identify himself with his state or local society in this western country. I mean this in its broadest sense, the truth of which has, and is now, being plainly and painfully demonstrated by the cowardly silence now so prevalent among the eclectic physicians throughout all of this great western country upon this great subject, one of so great importance to them. Yet they can only be censured with a kind, pitying censure, for when one locates in this western country and keeps quiet and attends to his office, saying nothing about medical schools nor medical societies, it is but a short time until the laity observe in some way that there is a difference in his success with the sick, and soon he has a fine practice, and also the ill-will of some of his brother physicians, and so long as he lives by that rule so long is he let alone and all goes well with him, but let him come out and identify himself with his state or local medical society, of his honest choice, and then things quickly change.

It is then that some of the local physicians begin to point him out as the "quack," and, with all the scorn and envy of their nature seasoned with all the hate and bitterness of their soul, they call him "an eclectic" and refuse to consult with him. Then the laity, as a rule, not being very well versed in Greek, not knowing just what the word "eclectic" means, having never heard it spoken of only with slurs and bitter scorn, take it for granted that it means something bad, and take it for granted that the physician whom they once thought to be a

real sure-enough, regular doctor has, after all, turned out to be only an "electric fakir" of some kind, and at once class him as such. Then things change with the once happy physician, and he either has to change his location or fight the battle through with all of its unpleasantness until he has educated the people up to the knowledge of the fact that the word "eclectic" has a significance that is in no way associated with "electric," but is applied to a great school of medicine, full of great, progressive, scientific, thinking men—stern men, full of tireless energy, who are devoting their lives to the great and noble cause of progressive medicine—*medical science*, keeping the science thereof abreast with any of the other rapidly developing branches of modern science. When the laity have become aware of this fact then all is well with the eclectic, and then what a great field for labor this great far western country will offer to him.

It was with this end in view that I invited the National to Portland, believing that if it would come and let the people of this far western country see for themselves the kind of men that represent the school and hear them read the scientific papers that those men would prepare, that it would be the means of removing the scales from the laity's eyes and educating the people out here to recognize the fact that it is no fake, but a school of medicine, full of honest, hard working progressive men, a school of medicine entitled to their confidence, respect and good will, earnestly and actively engaged in the development of modern medical sci-

ence and entitled to their confidence and respect.

I went to Waukesha believing that if the National would meet in Portland it would do much, very much indeed, towards bringing about the above condition, which would so change things that it would no longer work a hardship upon us to come out boldly and identify ourselves with our state and local medical associations, but, on the contrary, it would be an advantage to us, for when the people know us we care but little for the envious prattle of our jealous brother.

Being aware of my great personal desire in the matter, and realizing that my plan of action was being somewhat influenced by it, I determined to seek counsel among the wise; so I hurried on to Waukesha. The meeting was a large one and all parts of the United States were fairly represented. I at once began to lay the object of my presence before the delegates from the different parts of the country—from the North and South and the East and West. Nor did I confine my counsel with delegates alone, but to most of the members did I present the proposition of going to Portland next year. I do not know the number of persons with whom I talked upon the subject, but I am sure that I interviewed most of the delegates there, all of the representatives of medical colleges and medical journals and a vast majority of the members present, and I know that I can count all of those who opposed the proposition of going to Portland, before the committee made its report, upon the fingers of one hand. I used no tricks or unfair means to influence the action of

the committee, but went before it and invited the National to Portland, Oregon, slightly pressing my invitation along the lines set forth above.

The committee then voted upon the different places to which the National had been invited, and upon the first ballot Portland was selected as the place for the meeting next June, after which it was made the unanimous choice of the committee. I at no time promised a large local attendance as an inducement to come to Portland, but, on the contrary, I admitted the fact that, as a rule, it would not be just or right to expect the greater number to sacrifice to the lesser, but upon that occasion I would ask that for that one time that law of common justice be overlooked and that the greater number make the great sacrifice they would have to make in coming from their eastern homes to so far off a place, for the advance of the cause of progressive medicine and in the interest of the few.

When the committee reported to the Association its choice of Portland, as the next place of meeting, two or three of the members of the National, who seemed to have gotten the idea that Put-in-Bay was the only suitable place on earth for the next meeting, arose and declared that the committee had made a ruinous mistake that would disgrace the National and all the members thereof, but the prevailing feeling at that time was that the committee had acted wisely. At the close of the meeting in Waukesha I had the voluntary promise of their presence in Portland from a number quite sufficient to make the Portland meeting a very creditable success. A

special car load was promised from Cincinnati and another from Chicago, and many individuals from different parts of the north, east and south.

No member of the National would regret an attempted meeting at Portland resulting in a failure more than myself; and for this reason, since the question seems to be somewhat in doubt, I have kept quiet on the subject, not desiring to assume any greater responsibility in the matter than I now have, until I see some of the western eclectics putting their shoulder to the wheel and assisting the thing along. If they would only awake and act to their own best interests by expressing themselves, either pro or con, through some of the medical journals, it would assist in settling the matter to the best interest of all concerned. If the west allows this opportunity to slip by without an effort to defend that which so rightly belongs to her, in my opinion it will be a long time before another such opportunity will be offered.

A QUESTION FOR PHYSIOLOGISTS.

By G. P. Bissel, M. D., Cedarville, Cal.

How long a time does it take for a thought to go through one's head, so as to be remembered? This question many not be elegantly worded, but it expresses the exact idea that I want to get at, and I should like to hear from your physiologist in reply, for I never see his name attached to any article published in your journal.

The annals of physiology abound in anecdotes of how some concussion had obliterated from the mind all memory of some act that had immediately preceded such jar. Or is obliterate the right word to use? Ought not the statement to be rather, had prevented the registration of that act on the nerve ganglion? How long a time then is requisite for such registration? Not alone is this a sole phenomenon of lack of memory. The fact is familiar to all, that if one stands in presence of

some statement or act and does not give due heed to the same—that is, if the attention be chiefly occupied with some other subject, memory will either be entirely wanting or bear such faint trace of the event that no correct account can be rendered. In this case, probably, the process of registration was arrested by the greater labor of recording that on which the attention was principally fixed.

I give two examples of this arrest of registration. Case 1.—Mr. M., a man of about forty years, saddled and mounted his horse and chased a calf. Within about an eighth of a mile the horse fell, throwing the rider and fracturing the man's skull. The man was unconscious for a week, but finally recovered. He remembers saddling the horse, but all other events after that until his recovery are absent from his memory.

Case 2 occurred to myself. I was on my return from a journey and was near home. I knew every turn of the road. The season being autumn, the mornings were frosty, but there was considerable mid-day heat. I had made up my mind to be at home at a certain hour, but looking at my watch I found that I had to drive six miles over a rough road in order to arrive at the time specified, so concluded to drive slower. At the same moment I felt sleepy and said to myself that I must keep awake.

Within less than a quarter of a mile from where I had looked on my watch, I was found lying unconscious in the road. My horse had run and thrown me out. Whether I fell asleep I do not know for I have no memory of any event after returning the watch to my pocket, until I heard men talking by my side in the road. Were my experience single, I should believe that I had fallen asleep, but accidents occurring to others, accompanied by want of memory of events immediately preceding the accident, makes room for doubt.

Therefore, I return to the question of how long a time it takes for an idea to get through the head.

Therapeutic Notes.

H. T. WEBSTER, M. D.,

OAKLAND.

CALIFORNIA

DR. FEARN AND RHAMNUS CAL.—Dr. John Fearn's article on Remedies in Rheumatism in last month's issue attracts my attention and demands a few comments. The first paragraph contains a little sophistry which I desire to unravel. In it the doctor makes the remark that I have done good service by "calling attention to what, to a large majority of physicians, will be a new use for an old remedy." This somewhat amuses me, considering the facts of the case. Of course, the remedy is an old one, and so was echinacea when Dr. Myers introduced it. It had existed a long time, and yet nobody knew what a marvelous remedy it was until brought forward. Did Dr. Fearn know of Rhamnus Californica as a remedy for rheumatism until the publication of my article? If he did why did he not do his duty to the profession and his classes as a teacher by promulgating that knowledge? Where is his record to substantiate the assertion or suggestion? Soon after the introduction of the remedy by myself, he accosted me on the subject and remarked that he had used the rhamnus frangula as a substitute for cascara, and thought it was the same article that I referred to. Afterward he brought specimens of the leaves and bark from Hayes Canyon and left with me, and also some fluid extract, which he claimed was made from the bark, and which he thought was identical with mine. He stated that an Eclectic physician who once used it for its lax-

ative effects at his advice in a case of rheumatism, had observed that the patient was cured of her rheumatism after taking it. A mere circumstance to which he had given no more attention until I announced it as a remedy for rheumatism. Now, he suggests that it is an old remedy, and that only a majority of physicians are enlightened.

But the doctor is off his pins. His rhamnus frangula is not the Rhamnus Californica at all. He has been barking the wrong tree. His fluid extract is rather pleasant to taste, while that of the article I have been using is extremely bitter when made into a tincture or fluid extract. I have gathered some of the coffee-tree bark from Hayes Canyon, whence he obtained his specimen, and after drying it find that it is not the identical article at all, to my disappointment. The taste of the fresh bark, of the dried specimen, of the decoction, and of the tincture, all testify that his rhamnus and mine are not identical. The doctor has apparently fallen into the same error that I warned against in my first article, that of confounding different species. His may be valuable in rheumatism, but it is not the one I have introduced. I doubt if it will cure rheumatism, and am afraid, from what I have seen and read that a quantity of the spurious article has gone east to disappoint those who may wish to try it, and throw discredit upon what I have written.

Then he goes into a philosophy about the way in which it cures, which corresponds with the hackneyed doctrines of our forefathers. He classes the remedy with others which "eliminate" through the alimentary canal. According to his antiquated theory it

would take several days at least for the remedy to produce an effect. I have claimed that *Rhamnus Californica* is a specific for many cases of rheumatism, acting directly, and not taking time to take a trip of observation through the alimentary canal before going to work. The following communication, which has just been forwarded to me by the house of Clinton E. Worden & Co., suggests the kind of action which I claim for *Rhamnus Californica*:

HICKSVILLE, O., Aug. 30, 1895.

Clinton E. Worden & Co., San Francisco, Cal.:

GENTS—The bag of *Rhamnus Californica* arrived in due time, all O. K. We have been using it on a case of acute rheumatism, and the result is marvelous; the pain and swelling disappearing in a day. Hoping you will be able to supply us as we need the drug in the future, I am,

Truly Yours,

JACOB HULL, M. D.

I have another statement to make which may be new to a "majority" of physicians, and I would suggest that the majority try it where they have stubborn cases of the kind to treat. I refer to its action in dysmenorrhœa. It has relieved remarkably a stubborn case of dysmenorrhœa, which I have had under observation for ten years, and which I never could more than partially relieve with anything else. As the suffering was intense the patient naturally is very grateful that a remedy has at last been found which will relieve her promptly. She was in the office recently for some more of the medicine, and for the third time reports great success from it.

THE EMETIC TONGUE.—Dr. G. W. Harvey opens a valuable budget in his article in the September number of this Journal. The emetic tongue is a tongue heavily coated at the base, with

a pasty-white or dirty-white coating *accompanied by eructations*. The latter point is an important one, and should not be overlooked, hence the italics. The yellow coat suggests a torpor below the ductus communis choledocus, and demands measures for unloading in a different direction. It is a symptom which we seldom find in this climate, and this is the reason probably that more attention has not been called to it in lectures at the C. M. C. Dr. H. has suggested a rational treatment, and it is safe to bank on, that what we have not taught him he will find out for himself, with half a chance.

SULPHATE OF MAGNESIA A REMEDY FOR WARTS.—An editorial writer in the *Eclectic Medical Journal* refers to my recommendation of this remedy for the cure of warts, and remarks that he fears that it requires faith for it to effect a cure. If faith on the part of the prescriber is necessary, I certainly ought to succeed with it, as I have cured a number of cases within the past eight years, and have never prescribed it with failure where the patient was kept track of until the remedy was accorded a fair trial. It is prompt in children. the only class of patients with whom I have tested it. In 1889 I cured a boy of five or six years, who was literally covered with warts, his face being much disfigured with them. All disappeared within a fortnight. While in the east last spring a niece of sixteen, who was much mortified by the fact that her hands were disfigured by large warts, asked me to give her something to cure them. I thereupon told her mother to give her as much Epsom salts as would lie on a dime three times daily, and continue it for several weeks. A couple of months afterward a letter came in which was, "Tell Uncle my warts are all gone." I certainly have a great deal of faith in this remedy for the purpose named. It illustrates the tissue affinity of drugs typically.

Medical Societies.

ECLECTICS AT BANQUET.

*Dr. H. S. Turner Given a Farewell Dinner by
Her Friends.*

*A Programme of Music and Good Fellowship
Speed the Night.*

The Alameda County Eclectic Medical Association gave a banquet on Tuesday, September 10th, at the residence of Dr. O. L. Jones, corner of Eighth and Castro Streets, in honor of Dr. H. S. Turner, one of its first members, who is about to remove from Oakland to the southern part of the state. In connection with the banquet, as arranged by the committee of the association, Dr. Jones had prepared a very nicely selected musical program, which was well rendered, as follows:

Trio, "Bohemian Air," violin, cornet, and piano, Misses Stickney and Shipley and Mr. Frank L. Argall; piano solo, "Moonlight Sonata," Beethoven, Miss Nellie E. Shipley; violin solo (a), "Fantasia," Berriot (b), melody in F, Rubenstein, Miss Petronel Stickney; cornet solo, "Three Star Polka," Bogely, Miss Nellie E. Shipley; soprano solo (a) "What E're Betide," Willard, (b) "My Lady's Bower," Hope Temple, Mrs. Josephine Shipley; cornet duo, "Selected," Miss Shipley and Dr. O. Lyons; tenor solo, "Let Me Like a Soldier Fall," op. "Black Hussar," Dr. L. F. Herrick.

After the completion of the programme it was announced that the spread that had been prepared was

now awaiting the hungry medicos whose state of merriment had been well in touch with the sweet strains of music.

The tables were beautifully decorated with *Eschscholtzia Californica* and many other choice flowers. This has but little impression on a medico when he is looking for something to alleviate the longings of the inner man, and the long looked-for benefactor was not long in coming, and all was well until unlooked-for remarks were asked for by Toastmaster Dr. O. L. Jones. Each one concurred that they were too full for utterance, notwithstanding that champagne and other wines had been, for unknown cause, omitted by the committee from the bill of fare. However, each one responded to their name, in which they expressed great regret at the loss from the society of one of its most zealous workers, and hoped that the time would come when the doctor would return to Oakland to resume her place in the association with the same zeal as she has in the past. All wished the doctor much prosperity and happiness in her new home, of the sweet, sunny south, among the oranges.

The doctors present were D. Maclean and L. F. Herrick, of San Francisco; C. N. Miller, of Alameda; J. T. Farrar, L. T. Mack, A. de Marconnay and C. Young, of Berkeley; E. J. Tucker, of Golden Gate; F. C. Piersol, of Haywards; T. Campbell, W. B. Church, V. A. Derrick, G. H. Derrick, John Fearn, J. R. Fearn, E. C. Love, H. B. Mehrmann, O. B. Metcalf, C. J. Sharp, J. Stark, B. Stetson, L. Stone, H. S. Turner, H. P. Van Kirk, H. F. Webster and O. L. Jones, of Oakland.

Alumni and Personal.

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S. F.

Time flies, and it will soon be time for the Alumni Association and state society meetings. To make a successful meeting all must take an interest and be on hand to take part in the meetings. Our many graduates should one and all come and see how the old college is fixed up, greet each other, shake hands, and have a good time generally.

The members of the San Francisco Medical Society were invited by the Alameda County Society to a farewell meeting, given in honor of Dr. Hanna S. Turner, class of '87. They were very pleasantly entertained and were escorted to the home of Dr. O. L. Jones, where a most delicious lunch was served. Dr. Turner will locate at Cheno, where the JOURNAL bespeaks for her a most lucrative practice.

Mrs. Yates, the very pleasant wife of Dr. Henry Yates, of Weaverville, Trinity County, has been making an extended visit to San Francisco. Dr. Yates is an E. M. I. graduate and an eclectic clear through. He is associated in practice with Dr. Blake, so well known in connection with the California Drug Company.

Dr. Frank D. Walsh, class of '95, swings his shingle to the balmy breeze of the warm belt of the Mission. His address is 312½ Nineteenth street.

Dr. Luella Stone, class of '92, and one of the "hasty puddings," has decided to locate in Jackson, Amador county. Doctor, we shall miss you but Jackson will gain a good physician and surgeon.

The following from Dr. Byron, of the '95's will speak for itself:

DEAR EDITOR—I am located at Santa Paula, Ventura County. I have been here one week and have treated eight cases. There are two doctors here, but as both have been in politics it has hurt them. Please send the JOURNAL for a year. Extending my best regards to you and the class of '95.

Dr. Clarke, a Bennet boy, has come among us of late. We are pleased to welcome such men to our coast. Shake, doctor.

Dr. Love, one of the "loveliest" of '95, has decided that Oakland needs him. We understand the doctor has his office with Professor Stetson, on Washington street.

Dr. N. W. Williams, of Traver, class of '84, was a caller at the JOURNAL sanctum last week. We hear with regret of the recent death of Mrs. Williams.

Dr. Carrie L. Cook, class of '92, and secretary of the Alumni Association, contemplates a visit to the Atlanta, Ga., fair, and an extended eastern visit. May you have a pleasant trip, doctor.

We understand that Dr. Osburn, class of '95, has located in Junction City. The doctor is showing the "regulars" how an Eclectic can do business—much to the detriment of the "regulars."

Dr. W. C. Field, Class of '93, has decided to accept a very fine business opening offered at Mogollon, N. M. If the practice proves what it is recommended, we can wish the doctor no better luck.

It would do some of the Alumni good to see the way Prof. Maclean has torn up things in general this vacation. The lecture rooms, the laboratory and the clinic rooms are changed—and by the way, those clinic rooms are very nice. Come to the Alumni meeting and see for yourselves. Come to think, where is our "Ladies' Auxilliary?"

The Eclectics of this coast will rejoice to learn with what rapid strides their cause is progressing. The Maclean Hospital and Sanitarium is an institution to which we have long looked forward, and it is with much pride we announce in the columns of the Alumni such an institution, situated at 1534 Mission street, within two blocks of the California Medical College, its staff being composed of the faculty of the college. For further information address

L. F. HERRICK,
Resident Physician

Work at the Hospital.

The following is a surgical report of cases recently operated upon at the Maclean Hospital and Sanitarium, and will give some idea of the character of the work which is being done there:

Case I—INTERNAL HEMORRHOIDS.—Patient of Dr. Vary, operated upon by him. Assistants, Drs. Lake and Herrick.

Technique—Patient anesthetized, placed in Sims' position; steel wire speculum, held by assistant. Irrigation with 1-5000 bichloride solution. Pile tumors seized with forceps. Integument at base nicked with scissors. Ligation by halves from double silk suture passed through center of tumor. Hemorrhoidal masses cut away; surface dusted with iodoform. Gauze dressing. Roller bandage compress and T bandage.

Case II—HIGH AMPUTATION OF CERVIX.—Patient of Dr. Maclean, operated upon by him, assisted by Dr. Herrick.

Technique—Similar to first proceedings in a hysterectomy; circular incision of cervix; dissection to internal os; amputation. Rubber tubing for drainage and to keep the canal open. Antero-posterior stitches; irrigation; gauze packing.

Case III—HYSTERECTOMY.—Dr. Maclean's patient, operated upon by him, with the assistance of Drs. Gere and Herrick.

Technique—The usual abdominal incision is made, but exploration reveals the impossibility on account of extensive adhesions to operate in this manner, so resort is had to the vaginal method.

Patient is placed in lithotomy position. A Sims' speculum in the hands of an assistant depresses the posterior commissure. Cervix is seized with volsella and a circular incision is made. In the process of enucleation, care is taken to avoid injury to the bladder. Bleeding is controlled by snap forceps. The dissection discloses extensive adhesions of intestines to the fundus of uterus. These are broken up and the uterus anteverted. After enucleation the vagina is firmly packed with antiseptic gauze.

Abdominal incision is closed with deep interrupted and fine superficial stitches, sprinkled with iodoform and sealed with borated collodion. Gauze dressing is held *in situ* by broad bands of rubber adhesive plaster.

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Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the

CALIFORNIA MEDICAL JOURNAL.

1422 Folsom Street,

San Francisco, - - - California.

*Editorial.***The Cholera.**

The Board of Health of this city shows commendable energy in protecting the State from the dreaded cholera which prevails in Honolulu and Oriental ports, with which we are in commercial communication through our shipping interests, since they have disposed of the political pap under their control to their friends. In the enthusiasm of the moment, Brother Hart wanted to declare a quarantine against the whole of the Orient, no matter whether or not cholera existed within a thousand miles of the port of departure.

Contrasting the present enthusiasm with the haste in which the quarantine officer was exonerated for permitting the passengers of the Australia to land without enforcing the proper precau-

tions, we may feel thankful that a Sutro presides over their deliberations.

It is certainly not owing to the vigilance of the Board that the cholera is not raging in our State. Passengers from the Belgic and Australia are distributed throughout the interior, but fortunately no cases are reported, unless it be Dr. Crowley's unripe or over-ripe fruit patients.

All is well that ends well. For that reason let us be thankful to our Board of Health that it has risen to the occasion, and there is but little fear that we will receive a visit from King Cholera this season. MAC.

The National at Portland.

To test the question as to how many will agree to attend, should the National be held at Portland in June of 1896, our JOURNAL will mail during October to all the coast Eclectics a printed slip on which to record an intention to be present or otherwise, the slips to be returned to this office. In that way it can be reported at our State meeting the probable number who will be on hand for the excursion to Portland, and special rates, cars and accommodations can be secured.

We hope each one receiving the slip will have interest sufficient to attend promptly to the matter.

Error.

In our report of a successful laparotomy by G. G. Gere, M. D., in our last issue, this statement occurs: "The pedicle was tied off with heavy silk by a slip noose ligature." It should have read, "by a Staffordshire knot." A slip noose ligature in such a case would be wholly impracticable.

World's Congress of Medico-Olimatology.*Next International Meeting to be Held in 1898.*

EDITOR CAL. MEDICAL JOURNAL,
 SAN FRANCISCO, Cal.,
 Chicago, Ill., Sept. 10, 1895. }

Dear Doctor: I am anxious to secure the name and address of the secretary of each State Eclectic Medical Society; and, if not intruding or imposing upon you, will you please give this notice space in the next issue of your Journal.

These secretaries are empowered under our constitution to appoint five delegates and five alternates to attend our National and International Conventions. The delegates have been named from nearly all of the States, by the regular school, and from a number of States by Eclectics and Homœopaths. Up to this time I have been unable to receive an authentic list of Eclectic State Society secretaries.

We will deem it a very great favor to our congress if you will insert this notice, and if all secretaries who read it will address the undersigned.

Very respectfully yours,

W. S. ROWLEY,

Corresponding Secretary, corner of
 Thirty-sixth street and Wabash ave-
 nue, Chicago, Ill.

Our Frontispiece.

In the current issue we present the portrait of Professor F. Cornwall, M. D. From his long residence on the coast, the doctor is personally acquainted with a large number of our physicians, and by his able papers, which frequently appear in our Journal, he is known and esteemed by

many whom he has never met.

Professor Cornwall came to San Francisco in 1882 at the earnest solicitation of Doctor D. Maclean, and assumed a chair in our college when the only inducement for so doing was the opportunity to join a forlorn hope in the struggle to gain a foothold and recognition in the far west for our college and the cause of liberal medicine.

His action in this matter is in striking contrast with that of many of our talented young men of the present time who, after being educated at the California Medical College, take a brief post graduate course in some Eastern city or Europe and then desert their Alma Mater.

The doctor's enthusiasm and labors in behalf of our college have never abated. He is always at his post, and persistent in his endeavors to enthuse the students with a love of knowledge for its own sake, and not only to be correct in theory and exact and thoughtful in statement and expression, but to verify learning by experience.

In his professional career he has been upright, energetic and successful. His course has been such as to gain the respect and esteem of rival specialists, and he has a large number of patrons among the general practitioners of both the Regular and Homœopathic schools.

He has devoted himself earnestly to the new branch of his specialty—surgery of the nose—and has acquired sufficient knowledge, distinctively his own, to justify him in writing a book on that subject, which is now well under way.

In ophthalmology he has from the

first been regarded as an authority and justly so by our coast Eclectics. This position he has secured and held by being correct and reliable in diagnosis and prompt and skillful in operating.

He is at present having erected a beautiful house near San Rafael, which will afford the doctor, now a busy man, a place where he can find rest and relief from office cares, and which, we trust, will furnish him and his charming wife shelter and happiness for many long and useful years.

Our College.

The California Medical College has undergone so many changes in the fitting up of new class and clinical rooms that its oldest friends would hardly recognize it. The painter has put on the finishing touches and all is in readiness for the opening of the term on the 7th day of October. New additions have been made to the faculty, and students are assured of receiving up-to-date instruction. The prospects for a large class were never better, and the material from which to mold new physicians and surgeons unexcelled.

MAC.

Our State Society.

We wish to remind the Eclectics of the Pacific Coast that our State Society convenes next month—November, on the third Wednesday and Thursday—and that all are invited to be present. It is a duty each one owes to himself to attend these meetings and contribute to its success. Without concert of action and earnestness of purpose there can be no prosperity in any undertaking. A few workers can do a great deal, but a mass meeting im-

presses the public mind and carries conviction that many are in sympathy and desirous of accomplishing the same object.

This year demands a full attendance. There should not be any absentees, unless from sickness. Sacrifice, if necessary, should be made to meet once a year to interchange the best thoughts and successful experiences. It gives strength, creates emulation and instils loftier ambitions to excel. As steel sharpens steel, so does mind sharpen mind to keener observation and better performance of chosen duties.

The question of the National Association meeting on the coast must receive our special attention. We want to see a large representation for the purpose of discussing that matter alone. If a meeting of the National at Portland is to be made a success, California must not be indifferent. Then come one, come all, and partake of the intellectual feast prepared by President Logan.

MAC.

The Perfection Chair.

Among the many good things for the physicians set forth in our advertising pages, it gives us pleasure to call special attention to the Perfection Chair. We have one in use in our private office and find it light, durable, easily managed, adequate to its purpose and being handsomely covered and richly upholstered. It is a neat thing of beauty—in short, in all ways a joy forever.

Reduced Price in Eclectic Books.

The price list of Eclectic books has been revised. Before ordering it will pay our readers to look up the advertisement in the pages of our Journal

Dr. Curry and the National.

Attention is called to the interesting paper by Dr. H. E. Curry of Baker City, Oregon, on the National at Portland. The doctor not only explains why the vote was given to Portland, but shows the wisdom and good statesmanship of the action.

Our Premium Offer.

The attention of our subscribers is called to the premium offer to be found in the advertising pages of our Journal. Pozzi's Gynecology is an up-to-date work and will give satisfaction. A six dollar book *free* as an inducement to subscribe to two Medical Journals is a rare bargain, of which many of our subscribers will be glad to avail themselves.

A Coated Tongue.

E. H. GOYER, M. D., Covelo, Cal.

From reading the article in the last Journal by Dr. Harvey, entitled "A Coated Tongue," I am of the opinion his indications are entirely wrong. The indications for an emetic are heavily yellow coat from tip to base, with intensely bitter taste in the mouth and a feeling of a heavy weight in the stomach; the countenance is dark, eyes feel heavy, the pulse is full and oppressed.

The heavy yellow coated tongue calls for podophyllin. I use the Scudder pill.

The sulphite of soda tongue is yellowish white. There is no satisfaction to be derived if one will go on using sulphite of soda for pasty white tongue. He will discard it altogether as being worthless. With the above conditions, these remedies have brought me the best of results.

Publisher's Notes

"An Ideal Aphrodisiac"

DIXON, Ill, March 7, 1894.

The Hall Capsule Co., Cincinnati, Ohio—*Gentlemen*: I have within the past few years used many thousand of your *Pil Palmettine*, and find them the remedy par excellence in all prostatic trouble. In enlarged prostate they universally give satisfaction. In all exhausted or enemic conditions of the male reproductive organs, whether from early abuses or late excesses, or whatever cause, I find in them the best tonic I have ever used. They are the ideal aphrodisiac.

C. C. BENSON, M. D.

Do not fail to specify the Hall Capsule Co. with each order.

Uterine Wafers.

Waterhouse.

Cures Leucorrhœa, Chronic Inflammation and congestion, together with numerous ills of the female organs.

Waterhouse Pharmacy Co.,

St. Louis, Mo.

Pre-Senility---Ovarian Pains---Chronic Endometritis.

I have been using Sanmetto for the past two years with surprisingly good success. As a remedy for declining virility there is no equal—in fact, it is *sine qua non*. Have also given it with success in ovarian pains, and in that troublesome and painful condition due to chronic endometritis, Sanmetto is an important addition to our therapeutical means. Its beneficial effects are simple marvelous.

J. D. BENNETT, M. D.

Crystal River, Florida.

Perfect Cathartic.

W. B. Duncan, M. D., Trimble, Tenn., says:

"In regard to Elixir Purgans [Lilly] it is what its name indicates, a 'perfect liquid cathartic.' It has given me the greatest satisfaction, especially with children. Its points of superiority over anything I have ever used are three fold, viz: pleasant to take, prompt action and no griping."

Weekly Excursions to the East.

When going East be sure that your ticket reads over the Northern Pacific Railroad. Train service unsurpassed. Weekly excursions in upholstered tourist cars leave San Francisco every Tuesday night at 7 o'clock. No change of cars en route. The most comfortable route of any to travel over. For rates, etc., call on or address T. K. Stateler, General Agent, 638 Market street, San Francisco.

Enclosed find \$1, for which send me one ounce of Salo-Sedatus, in five grain tablets. I find them very effective in fevers, neuralgia and headache.

JOHN M. DAILY, M. D.

Washington, D. C.

Among the "topics of the times" reviewed in the editorial department of the *Review of Reviews* the recent convention of the Catholic Total Abstinence Union in New York city, Russia's abolition of private sa'oons, the Atlanta Exposition, the dedication of the military park at Chicamauga, the Northfield Conference, the "New Puritanism" in Politics, the massacre in China, the extent of the Liberal reverse in Great Britain and the Cuban revolution receive extended treatment.

On the Administration of the Salicylates in Acute Rheumatism.

Extracts from a paper read before the Cambridge Medical Society by P. W. Latham, M. A., M. D., Fellow and Senior Censor of the Royal College of Physicians, Senior Physician to Addenbrookes Hospital, Cambridge, England:

"We have now become familiar with the successful treatment of acute rheumatism by means of salicylic acid and salicylates, that it may seem somewhat superfluous for me to address you on the subject. But cases have come under my observation in which objections have been taken to the use of these remedies, on the ground either that they disagreed with the patient, producing nausea, vomiting, or that notwithstanding fairly large doses of the drug, the pains have not been relieved, the temperature has not been reduced, or, most serious of all, cardiac or other complications have arisen during the time the patient was taking the remedy, and when, apparently, he was under its influence. Now it is in preventing the development of these complications that, when properly administered, the remedy so strikingly shows its power, truly acting as a distinct specific.

"In my Croonian lectures in 1886, I spoke, apropos of rheumatism, as follows: 'Here is a disorder which, under different treatment, may exist for weeks, stationary, so to speak, in its intensity, the great heat and nervous and vascular excitement and pain and swelling exactly of the same amount to-day as they were weeks ago; a disorder which, less than fifty years ago, was said to be often such in itself, and such in its appalling incidents, as to need, from time to time, that medicine should put forth the full compass of all its powers. Every organ, or system of organs, which

either directly or indirectly can receive the impression of remedies, are from time to time called to bear all that they can possibly endure; and it is often only when the powers of medicine are pressed even to the verge of destroying life that life is saved.

"And now, with or without the administration of a purgative, as the occasion requires, the patient is placed fully under the influence of salicylic acid, and in from forty to sixty hours, not unfrequently in a shorter time, the pains in the joints have subsided, the limbs can be frequently moved, and the bodily temperature has reached the normal condition. But more than this—and here the remedy shows its signal power—in no case of rheumatism that has come under my care during the last six years, either in hospital or in private practice, has there been developed, where the heart was previously sound, any cardiac complications, such as endocarditis or pericarditis. If this can be maintained and ensured, we have, indeed, in our hands, a most potent remedy. Cardiac complications constitute the chief danger of acute rheumatism, and the danger, if the disease is taken in hand soon enough, may, with our new remedy be averted."

"Eight years further experience has only confirmed what was then stated. I have seen numbers of cases where complications have been developed before the patients came under my care, but I feel strongly that these complications might be prevented, or at least materially lessened, by earlier and more energetic treatment, and it is for this reason chiefly that I venture to address you to-day."

"Now what are the conditions to insure success?"

"Principally, the true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbonic acid, however much it may have been distilled and purified. An impure acid will very quickly produce

symptoms closely resembling delirium tremens.

"The causes of failure with this remedy, as far as I have been able to judge, are:

1st. Insufficient doses at the commencement.

2d. The non-administration of a purgative.

3d. Feeding with substances other than milk, such as beef tea, broths, etc., especially in the earlier stages.

"As this plan of treatment works prosperously day after day in its immediate effects, so day after day it gives an earnest of the remedial impression it is exercising upon the whole disease. It abates the fever, it softens the pulse, it reduces the swelling and it lessens the pain. In short, it subdues the vascular system like a bleeding, and pacifies the nervous system like an opiate; and often in the course of a week, the acute rheumatism is gone. In three days there is often a signal mitigation of all the symptoms; and in a week I have often seen patients, who have been carried helpless into the hospital and shrieking at the least jar, or touch, or movement of their limbs, risen from their beds and walking about the ward quite free from pain."

"Now, if in the treatment of acute rheumatism you were to choose one indication and abide by it, and were to trust to one class of remedies and to it only, you would find more cases that admit of a readier cure by the method now described than by either of the two former. You would find the aggregate of morbid actions and sufferings, which constitute the disease, more surely reached and counteracted, and more quickly abolished by medicines operating upon the abdominal viscera only, than by those which influence either the blood vessels only, or the nerves only."

"I would still recommend that the natural salicylic acid, or its salt, should be employed in preference to the artificial acid, when large doses are administered. I admit that what was

termed the 'physiologically pure' preparations may be as good, but I prefer to use the natural products, owing to the complete safety which, with ordinary care, attends their administration. In a paper in the British Medical Journal of December 10, 1881, I first called attention to the danger of using the artificial acid. The impurities then existing in it amounted to as much as 15 per cent. By improved methods of preparing it, in 1884, these impurities were reduced to 5 per cent, and now it is so carefully prepared that the product is said to be 'physiologically pure.'

Book Notes.

CLINICAL LECTURES ON DISEASES OF THE NERVOUS SYSTEM, delivered at the National Hospital for the Paralyzed and Epileptic. London, by W. R. Gowers, M. D., T. R. S., Physician to the Hospital, Consulting Physician to University Hospital College, etc. Price in cloth \$2. Publishers: P. Blakiston, Son & Co., Philadelphia.

This syllabus of clinical lectures on diseases of the nervous system from the pen of Dr. Gowers is a welcome addition to his many other contributions along this line of investigation. The lectures include the Principles of Diagnosis of Diseases of the Nervous System; Mistaken Diagnosis; Argyria and Syphilis; Syphilitic Hemiplegia; Bulbar and Facial Paralysis; Acute Ascending Myelitis; Locomotor Ataxy; the Foot Clonus and Its Meaning; Treatment of Muscular Contraction; Infantile Causes of Epilepsy; Neuralgia; Lead Palsy; Optic Neuritis, etc.

A SYSTEM OF GYNECOLOGY, with three hundred and fifty-nine illustrations, based upon a translation from the French of Samuel Pozzi. Revised by Curtis M. Beebe, M. D., of Chicago. Publishers: J. B. Flint & Co., New York.

This work, which is our premium offer to subscribers, is a very complete, up-to-date exposition of the subject of Gynecology. A faint idea of the plan and scope of the book may be gathered from the following summary of the chapter on Laceration of the Perineum: The etiology, pathology and prognosis are first dealt with. Then follows the treatment according to the methods of various authorities—Emmet's, Simon's, Lawson Tait's, Tait-Sanger, Simon-Hegar, Freund's, Hildebrandt's, Lauenstein's, Martin's, Hepner's, La Fort's, Emmet's, Simpson's, Fritsch's Fritch-Walzberg's. Each method is fully illustrated by cuts.

DEMOLOGY, or Love, Courtship, Marriage, Divorce and Stirpiculture, by A. O'Leary, M. D., Cleveland, Ohio. Three hundred and twenty octavo pages. Price, \$1.50. Prof. A. Haddock, Special Agent, 1016 Market street, San Francisco.

This is not a medical book, although it embodies the author's experience in the practice of medicine. It treats of the ethics of Love, Marriage, Courtship, Divorce and Stirpiculture, drawing largely from the pages of history and mythology for amplification and illustration. Will later be reviewed more at length.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosaceæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

LLOYD BROTHERS,
CINCINNATI, OHIO.



The Gate of Entry

For many infectious diseases is through the alimentary canal; and some one has tersely said that "the digestive tube is the avenue to all vital power." How important it is, therefore, to keep the digestive fluids in a physiologically active condition: 1st to destroy or inhibit any microbic invaders, and 2d, to properly dispose of the individual's nutriment. When the functions of digestion are "below par," **LACTOPEPTINE** will remedy the condition by supplying to the digestive juices the ferments and acids in which they are deficient, thus assisting, in a purely natural manner, towards restoration of normal function. For all digestive ailments **LACTOPEPTINE** is far superior to pepsin alone.

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OF LACTOPEPTINE TABLETS.**

